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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/565,058	06/21/2006	David Grahame Hardie	002.00270	2111
	7590 08/19/200 z WEYAND, LLP	EXAMINER		
P.O. BOX 44		SWOPE, SHERIDAN		
Livonia, NY 14487-0044			ART UNIT	PAPER NUMBER
			1652	
			MAIL DATE	DELIVERY MODE
			08/19/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsious Summons	10/565,058	HARDIE ET AL.			
Interview Summary	Examiner Art Unit				
	SHERIDAN SWOPE	1652			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>SHERIDAN SWOPE</u> .	(3)				
(2) <u>NICHOLAS LANDAU</u> .	(4)				
Date of Interview: <u>13 August 2009</u> .					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	<b>;</b> ]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed: <u>1,3 and 19</u> .					
Identification of prior art discussed: None.					
Agreement with respect to the claims f) was reached. g	)⊠ was not reached. h)□ N	I/A.			
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Applicants' representative contacted the Examiner to clarify the basis of the rejections under 35 USC 112, first and second paragraphs. Discussion of possible amendments to overcome said rejections were discussed. Possible new matter issues and filing of a declaration were also discussed.</u>					
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
/SHERIDAN SWOPE/					

Application No.

Applicant(s)